

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 JUL 19 PM 1:50
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway



Check if different
than previously
reported. (ACC)

West Des Moines

IA

50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 1 7 6 1 4

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
0 4 / 0 1 / 2 0 1 6

through

M M / D D / Y Y Y Y Y Y
0 6 / 3 0 / 2 0 1 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott McEntee

Signature of Treasurer

Scott McEntee

Date

M M / D D / Y Y Y Y Y Y
0 7 / 1 3 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2016		4851205
(b) Cash on Hand at Beginning of Reporting Period.....	4829999	
(c) Total Receipts (from Line 19)	433978	1019272
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5263977	5870477
7. Total Disbursements (from Line 31)		606500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5263977	5263977
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1 2 9 2 8 8

5 1 1 4 8 2

(ii) Unitemized

3 0 4 6 9 0

5 0 7 7 1 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4 3 3 9 7 8

1 0 1 9 1 9 2

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

4 3 3 9 7 8

1 0 1 9 1 9 2

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

8 0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

4 3 3 9 7 8

1 0 1 9 2 7 2

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

4 3 3 9 7 8

1 0 1 9 2 7 2

F

7

COLUMN B
Calendar Year-to-Date

-

└

7

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4 3 3 9 7 8	1 0 1 9 1 9 2
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		6 5 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		6 5 0 0

L

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 3

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Faga, Patrick J.		Date of Receipt
Mailing Address 735 Roosevelt Street		<input type="text"/> 0 <input type="text"/> 6 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 6
City State Zip Code Story City, IA. 50248		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 5 0 6 6
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation SVP P&C	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 0 1 3 2	
B. Full Name (Last, First, Middle Initial) Johnson, Kevin		Date of Receipt
Mailing Address 1783 Maple Ct		<input type="text"/> 0 <input type="text"/> 6 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 6
City State Zip Code Winterset, IA. 50273		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 9		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 3 8 5 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation SVP Sales	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 7 8 1	
C. Full Name (Last, First, Middle Initial) Krohn, Grant E.		Date of Receipt
Mailing Address 26818 N Avenue		<input type="text"/> 0 <input type="text"/> 6 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 6
City State Zip Code Adel, IA. 50003		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 0 8 0 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP Field Training Coord	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 1 6 0 0	
SUBTOTAL of Receipts This Page (optional).....▶		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 9 7 2 0
TOTAL This Period (last page this line number only).....▶		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Kuethe, Ron		Date of Receipt 06 / 30 / 2016
Mailing Address 16973 Aurora CT.		Amount of Each Receipt this Period 13584
City State Zip Code Clive, IA 50325		
FEC ID number of contributing federal political committee. C 00117614		
Name of Employer Occupation Farmers Mutual Hail Ins. Co. SVP Reinsurance		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 24904
B. Full Name (Last, First, Middle Initial) Ludowese, Glen		Date of Receipt 06 / 30 / 2016
Mailing Address 1508 Court St.		Amount of Each Receipt this Period 15000
City State Zip Code Scott City, KS. 67871		
FEC ID number of contributing federal political committee. C 00117619		
Name of Employer Occupation Farmers Mutual Hail Ins. Co. Lead Adjuster I		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000
C. Full Name (Last, First, Middle Initial) Roggenburg, Darin		Date of Receipt 06 / 30 / 2016
Mailing Address 2035 134th Street		Amount of Each Receipt this Period 18570
City State Zip Code Clive, IA. 50325		
FEC ID number of contributing federal political committee. C 00117614		
Name of Employer Occupation Farmers Mutual Hail Ins. Co. EVP/CFO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 37140
SUBTOTAL of Receipts This Page (optional).....▶		47154
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 3** OF 3

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Rutledge, Ron		Date of Receipt
Mailing Address 240 Linden Drive		<input type="text"/> 0 <input type="text"/> 6 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 6
City Waukee, IA. 50263	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 5 3 4 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5 0 6 8 8	

B. Full Name (Last, First, Middle Initial) Rutledge, Shannon D.		Date of Receipt
Mailing Address 2273 NE 88th		<input type="text"/> 0 <input type="text"/> 6 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 6
City Altoona, IA. 50009	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 9		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 7 0 7 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation EVP/Crop Operations	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 4 1 4 0	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

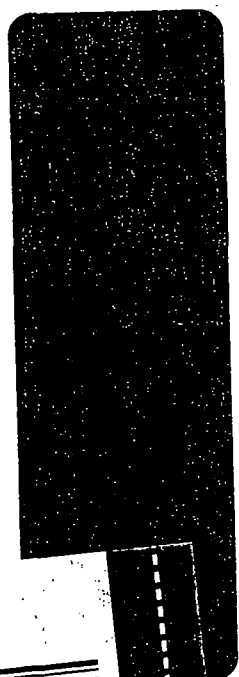
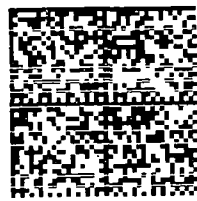
SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4 2 4 1 4
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Farmers Mutual Hail
Insurance Company of Iowa
6785 Westown Parkway | West Des Moines, Iowa 50266

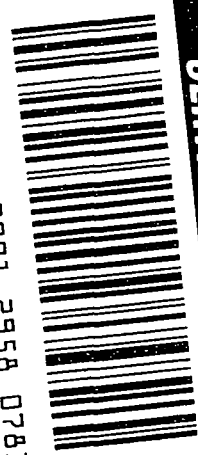
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14 78 U.S. POSTAGE
14 680
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\$ 6.680



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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

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Federal Election Commission
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7/14/16

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Next Business Day Delivery ☐

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PREPARER
(3/2015)

7/19/16
DATE PREPARED